



IFFCO-TOKIO GENERAL INSURANCE CO. LTD

Regd. Office: IFFCO Sadan, C-1, Distt. Centre, Saket, New Delhi-110017

GROUP MEDISHIELD INSURANCE POLICY

UIN: IFFHLGP21327V022021

Policy Wording

This **POLICY** is evidence of the contract between **YOU** and **US**. The proposal along with any written statement(s), declaration(s) of **YOURS** for purpose of this **POLICY** forms part of this contract.

This **POLICY** witnessed that in consideration of **YOUR** having paid the premium for the period stated in the schedule or for any further period for which **WE** may accept the payment for renewal of this policy, **WE** will insure the Insured Person(s) and accordingly **WE** will pay to **YOU** or to insured person(s) or their legal representatives, as the case may be in respect of events occurring during the period of insurance in the manner and to the extent set-forth in the policy including endorsements provided that all the terms, conditions, provisions, and exceptions of this policy in so far as they relate to anything to be done or complied with by **YOU** and/or Insured Person(s) have been met.

The Schedule shall form part of this **POLICY** and the term '**POLICY**' whenever used shall be read as including the Schedule.

Any word or expression to which a specific meaning has been attached in any part of this **POLICY** or of Schedule shall bear such meaning whenever it may appear.

The **POLICY** is based on information which have been given to **US** about Insured Person(s) pertaining to risk insured under the policy and the truth of this information shall be condition precedent to **YOUR** or the Insured Person(s) right to recover under this **POLICY**.

DEFINITION OF WORDS

1. **Accident** is a sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **Age**: It means age of the Insured person on last birthday as on date of commencement of the Policy.
3. **Any One Illness** It means continuous period of illness including relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment may have been taken.
4. **AYUSH Treatment** refers to the hospitalization treatments given under 'Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems..
5. **AYUSH Hospital**:
An AYUSH Hospital is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
 - a. Central or State Government AYUSH Hospital or
 - b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
 - c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
 - i. Having at least 5 in-patient beds;
 - ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
 - iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;

- iv. Maintaining daily records of the patients and making them accessible to Our authorized representative.

6. AYUSH Day Care Centre

AYUSH Day Care Centre means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without in-patient services and must comply with all the following criterion:

- i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
- ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
- iii. Maintaining daily records of the patients and making them accessible to Our authorized representative.

- 7. Cashless facility** - It means a facility extended by us to Insured person where the payments, of the costs of treatment undergone by insured person(s) in accordance with the policy terms and conditions, are directly made to the network provider by us to the extent pre-authorization approved.

- 8. Condition Precedent** shall mean a policy term or condition upon which the Insurer's liability under the policy is conditional upon.

- 9. Congenital Anomaly** refers to a condition(s) which is present since birth, and which is abnormal with reference to form, structure or position.

- a. **Internal Congenital Anomaly:** Anomaly which is not in the visible and accessible parts of the body
- b. **External Congenital Anomaly:** Anomaly which is in the visible and accessible parts of the body.

- 10. Co-payment** is a cost-sharing requirement under a health insurance policy that provides that the policyholder/insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the sum insured.

11. Daycare centre

It means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under:

- i. has qualified nursing staff under its employment;
- ii. has qualified medical practitioner (s) in charge;
- iii. has a fully equipped operation theatre of its own where surgical procedures are carried out
- iv. maintains daily records of patients and shall make these accessible to Our authorized personnel.

- 12. Day Care Treatment** means medical treatment, and/or *surgical procedure* which:

- I. Is undertaken under General or Local Anesthesia in a *hospital/day care centre* in less than 24 (twenty-four) hrs. because of technological advancement, and
- II. which would have otherwise required a hospitalization of more than 24 (twenty four) hours.

Treatment normally taken on an out-patient basis is not included in the scope of this definition.

- 13. Dental Treatment** It means a treatment carried out by a dental practitioner including examinations, fillings (where appropriate), crowns, extractions and surgery.

14. **Disease** It means an illness which Medical Practitioner or Surgeon will certify as Insured Person is suffering from and unable to feel as Normal.
15. **Domiciliary Hospitalisation** It means medical treatment for an illness/disease/injury which in the normal course would require care and treatment at a hospital but is actually taken while confined at home under any of the following circumstances.
- the condition of the patient is such that he/she is not in a condition to be removed to a hospital or
 - the patient takes treatment at home on account of non-availability of room in a hospital.
16. **Emergency Care** It means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly, and requires immediate care by a medical practitioner to prevent death or serious long term impairment of the insured person's health.
17. **Grace Period** - It means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue the policy in force without loss of continuity benefits such as waiting periods and coverage of pre-existing diseases. Coverage is not available for the period for which no premium is received.
18. **Hospital/Nursing Home**
It means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under the Clinical Establishments (Registration and Regulation) Act, 2010 or under the enactments specified under Schedule of Section 56(1) of the said Act, OR complies with all minimum criteria as under:
- has qualified nursing staff under its employment round the clock;
 - has at least ten inpatient beds, in those towns having a population of less than ten lakhs and fifteen inpatient beds in all other places;
 - has qualified medical practitioner (s) in charge round the clock;
 - has a fully equipped operation theatre of its own where surgical procedures are carried out
 - maintains daily records of patients and shall make these accessible to Our authorized personnel.

****Following are the enactments specified under the Schedule of section 56 of clinical Establishments (Registration and Regulation) Act, 2010 as of October 2013 or any amendments thereof.***

- The Andhra Pradesh Private Medical Care Establishments (Registration and Regulation) Act, 2002.
- The Bombay Nursing Homes Registration Act, 1949.
- The Delhi Nursing Homes Registration Act, 1953.
- The Madhya Pradesh Upcharya Griha Tatha Rujopchar Sanbabdu Sthapamaue (Ragistikaran Tatha Anugyapan) Adhiniyam, 1973.
- The Manipur Homes and Clinics Registration Act, 1992.
- The Nagaland Health Care Establishments Act, 1997.
- The Orissa Clinical Establishments (Control and Regulation) Act, 1990.
- The Punjab State Nursing Home Registration Act, 1991.
- The West Bengal Clinical Establishments Act, 1950.

Note: Any make-shift or temporary hospital permitted temporarily by Central/ State Government and allowed by the IRDAI under specific situations shall also be regarded as a hospital.

19. **Hospitalisation** It means admission in a Hospital for a minimum period of 24 (Twenty-four) consecutive "In-patient Care" hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 (Twenty-four) consecutive hours.

20. **Illness**

It means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.

- i. **Acute Condition** means a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery.
- ii. **Chronic Condition** means a disease, illness, or injury that has one or more of the following characteristics
 - a) it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and / or tests
 - b) it needs ongoing or long-term control or relief of symptoms
 - c) it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
 - d) it continues indefinitely
 - e) it recurs or is likely to recur

21. **Injury** It shall mean accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.

22. **Inpatient Care**

It means treatment for which the insured person has to stay in a hospital for more than 24 (twenty-four) hours for a covered event.

23. **Insured Person**: The person named as Insured person(s) in the Schedule lodged with US by YOU.

24. **Intensive Care Unit** means an identified section, ward or wing of a *hospital* which is under the constant supervision of a dedicated *medical practitioner(s)*, and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition, or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.

25. **Intensive Care Unit (ICU) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.

26. **Medical Advice** - It means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.

27. **Medical Expenses** - It means those expenses that an Insured Person has/you have necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.

28. **Medically Necessary Treatment**—Medically necessary treatment is defined as any treatment, tests, medication, or stay in *hospital* or part of a stay in *hospital* which

- a. is required for the medical management of the illness or injury suffered by the insured;
- b. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration, or intensity;
- c. must have been prescribed by a *medical practitioner*,
- d. Must conform to the professional standards widely accepted in international medical practice or by the medical community in India.

29. **Medical Practitioner**

It is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is

thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of license.

30. Maternity Expenses

Maternity expenses means;

- a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
- b) expenses towards lawful medical termination of pregnancy during the policy period.

31. Network Provider Network Provider means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.

(The list of network hospitals is dynamic and hence may change from time to time. We suggest you to please check our website www.iffcotokio.co.in or contact our call centre/ nearest office for updated list of such hospitals before admission.)

32. New Born Baby means baby born during the Policy Period and is aged upto 90 days.

33. Non- Network Provider - Non-Network means any hospital, day care centre or other provider that is not part of the network.

34. Notification of Claim is the process of intimating a claim to Us or our TPA through any of the recognized modes of communication

35. Out-Patient (OPD) treatment means treatment in which the Insured visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.

36. Policy It means the policy booklet, the Schedule and any applicable endorsement or or extensions attaching to or forming part thereof. The policy contains details of the extent of cover available to Insured person (s), what is excluded from the cover and the conditions on which the policy is issued.

37. Policy Period/ Period of Insurance - It means the duration of this policy as shown in the Schedule.

38. Portability - It means the right accorded to an individual health insurance policy holder (including all members under family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions, from one insurer to another insurer.

39. Policy Schedule It means latest Schedule issued by US as part of the policy. It provides details of the policy of Insured person(s) which are in force and the level of cover Insured Person(s) have.

40. Post Hospitalisation

It means Medical Expenses incurred during predefined number of days immediately after the insured person is discharged from the hospital, provided that:

- a. such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- b. the In-patient Hospitalization claim for such Hospitalization is admissible by the insurance company.

Maximum Limit for Post Hospitalisation Medical Benefit: 60 days.

41. Pre-existing Disease

It means any condition, ailment, injury or disease

- a) That is/are diagnosed by a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement or
- b) For which medical advice or treatment was recommended by, or received from, a physician within 48 months prior to the effective date of the policy issued by the insurer or its reinstatement.

42. Pre-Hospitalisation

It means Medical Expenses incurred during pre-defined number of days preceding the hospitalization of the Insured Person, provided that:

- i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
- ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company

Maximum Limit for Pre-Hospitalisation Medical Benefit: 30 days.

43. Proposal It means any signed proposal by filing up the questionnaires and declarations, written statements and any information in addition thereto supplied to US by YOU.

44. Qualified Nurse It means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.

45. Reasonable and Customary Charges means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.

46. Sum Insured It means the monetary amount shown against Insured Person.

47. Surgery or Surgical Procedure It means manual and / or operative procedure(s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief of suffering or prolongation of life, performed in a hospital or day care centre by a medical practitioner

48. Third Party Administrator (TPA) means a Company registered with the Authority, and engaged by an insurer, for a fee or by whatever name called and as may be mentioned in the health services agreement, for providing health services.

49. Waiting Period

It means a period from the inception of this Policy during which specified diseases/treatments are not covered. On completion of the period, diseases/treatments shall be covered provided the Policy has been continuously renewed without any break.

50. WE/OUR/US It means **IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED.**

51. YOU/YOUR It means the person(s)/the company/the entity named as Insured in the Schedule

COVERAGE

WHAT IS COVERED	WHAT IS NOT COVERED
If the Insured Person sustains injury or contracts any disease and upon advice of Medical Practitioner, he/she has to incur Hospitalisation Expenses, then WE will pay reasonable and customary charges of the following Hospitalisation expenses:	<p>WE will not pay for</p> <p>1. Pre-Existing Diseases(Code- Excl01)</p> <p>a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the</p>

<p>1 Room, Boarding Expenses as provided by the Hospital/Nursing Home.</p> <p>2 Nursing Expense.</p> <p>3 Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per prevailing Telemedicine Practice Guideline) whether paid directly to the treating doctor / surgeon or to the hospital.</p> <p>4 Expense on Anesthesia, Blood, Oxygen, Operation Theatre charges, Surgical Appliances, Medicines and Drugs, Diagnostic Materials, diagnostic imaging modalities, Dialysis, Chemotherapy, Radiotherapy, Cost of pacemaker, Artificial Limbs, Cost of organs and similar expenses.</p> <p>5 AYUSH hospitalization expenses including pre-hospitalization and post hospitalization expenses upto the limit of the Sum Insured of the insured person per policy period.</p> <p>6 WE will also pay for those of above relevant expenses in Domiciliary Hospitalisation at reasonable and customary level charges.</p> <p>Note: The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.</p>	<p>expiry of 48 months of continuous coverage after the date of inception of the first policy with us.</p> <p>b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.</p> <p>2. First Thirty Days Waiting Period(Code-Excl03)</p> <p>a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.</p> <p>b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</p> <p>c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</p> <p>3. The exclusion no. 2, mentioned in 'What is not covered' shall not however apply if in the opinion of Panel of Medical Practitioners constituted by Us, the Insured Person could not have known of the existence of the Disease or any symptoms or complaints thereof at the time of making the proposal for Insurance to Us.</p> <p>4. Specific Waiting Period: (Code- Excl02)</p> <p>a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 12 months of continuous coverage, as may be the case after the date of inception of the first policy with Us. This exclusion shall not be applicable for claims arising due to an accident.</p> <p>b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c) If any of the specified disease/procedure</p>
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	<p>falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.</p> <p>d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>f) List of specific diseases/procedures</p> <p>i. 12 Months waiting period</p> <p>a. Cataract, Benign Prostatic Hyperthropy, Hysterectomy for Meorrhagia or Fibromyoma</p> <p>b. Hernia, Hydrocele, Congenital Internal Disease.</p> <p>c. Fistula in anus, Piles, Sinusitis and related disorders.</p> <p>5. If the above-mentioned diseases (The exclusion no. 4, mentioned in 'What is not covered') are pre-existing at the time of proposal, they will not be covered even during subsequent period of renewal too.</p> <p>6. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.</p> <p>7. Circumcision except for disease not excluded here or Injury, Vaccination or Inoculation or change of life.</p> <p>8. Cosmetic or plastic Surgery: Code- Excl08 Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.</p> <p>9. Cost of Spectacles and contact lens, hearing aids.</p>
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	<p>10. Dental treatment or Surgery of any Kind unless requiring hospitalisation.</p> <p>11. Rest Cure, rehabilitation and respite care- Code- Excl05 Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: a) Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. b) Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.</p> <p>12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12.</p> <p>13. Treatment of external congenital Disease or defects or anomalies, venereal Disease or intentional self-Injury</p> <p>14. Investigation & Evaluation(Code- Excl04) a) Expenses related to any admission primarily for diagnostics and evaluation purposes. b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.</p> <p>15. Maternity Expenses (Code - Excl 18): a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy; b) expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period. <i>(This exclusion will stand deleted where policy is extended to cover Maternity Benefits)</i></p> <p>16. Sterility and Infertility: (Code- Excl17) Expenses related to sterility and infertility. This includes: a) Any type of contraception, sterilization b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF,</p>
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	<p>ZIFT, GIFT, ICSI</p> <p>c) Gestational Surrogacy d) Reversal of sterilization</p> <p>17. Nuclear attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:</p> <p style="padding-left: 20px;">a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.</p> <p>18. Any Expenses on treatment of Insured person as outpatient in the Hospital.</p> <p>19. Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13</p> <p>20. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14</p> <p>21. Any Expenses under Domiciliary Hospitalisation for Treatment of following diseases:</p> <p style="padding-left: 20px;">a) Asthma b) Bronchitis c) Chronic Nephritis and Nephritic Syndrome d) Diarrhoea and all type of Dysenteries including Gastro-enteritis e) Diabetes Mellitus and Insipidus f) Epilepsy g) Hypertension h) Influenza, Cough and Cold i) Pyrexia of unknown Origin for less than 20 days j) Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis k) Arthritis, Gout and Rheumatism l) Dental Treatment or Surgery</p>
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	<p>22. Obesity/ Weight Control: Code- Excl06 Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ol style="list-style-type: none"> 1) Surgery to be conducted is upon the advice of the Doctor 2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); <ol style="list-style-type: none"> a) greater than or equal to 40 or b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: <ol style="list-style-type: none"> i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes <p>23. Change-of-Gender treatments: Code- Excl07 Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p> <p>24. Hazardous or Adventure sports: Code- Excl09 Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p> <p>25. Breach of law: Code- Excl10 Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.</p> <p>26. Excluded Providers: Code- Excl11 Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by Us and disclosed in Our website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.</p> <p>(Note: The list of such excluded provider(s) is dynamic and hence may change from time to time.</p>
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	<p>Hence we suggest you to please check our website or contact our call centre/nearest office for updated list of such excluded hospitals before admission.)</p> <p>27. Refractive Error: Code- Excl15: Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.</p> <p>28. Unproven Treatments: Code- Excl16 Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.</p>
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ADDITIONAL BENEFITS

1. **MODERN TREATMENT METHODS AND ADVANCEMENT IN TECHNOLOGIES:**

The following procedures will be covered (wherever medically indicated) either as in patient or as part of Domiciliary Hospitalization or as part of day care treatment in a hospital upto 50% of Sum Insured, during the policy period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
 - B. Balloon Sinuplasty
 - C. Deep Brain stimulation
 - D. Oral chemotherapy
 - E. Immunotherapy- Monoclonal Antibody to be given as injection
 - F. Intra vitreal injections
 - G. Robotic surgeries
 - H. Stereotactic radio surgeries
 - I. Bronchial Thermoplasty
 - J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
 - K. IONM - (Intra Operative Neuro Monitoring)
 - L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.
2. **DAY CARE TREATMENT:** Day care medical treatments listed in Annexure – “List of Day Care Procedures” of the policy document, will be payable even if the duration of hospitalization is less than 24 (Twenty-four) hours.
(Note: The list of such treatments is dynamic and hence may change from time to time. Hence we suggest you to please check our website/ contact our nearest office for updated list of such treatments.)

CLAIM PROCEDURE AND REQUIREMENTS

1. An event, which might become a claim under the policy, must be reported to US as soon as possible, but not later than 7 days from the date of Hospitalisation. A written statement of the claim will be required and a claim form will be provided and the claim must be filed within 30 days from the date of discharge from the Hospital except for in extreme cases of hardship where it is proved to our satisfaction that under the circumstances, in which YOU, the Insured Person or his/her personal representative were placed, it was not possible for any one of YOU to give notice or file claim within the prescribed time limit.

The Insured Person must give all bills, receipts, certificates, information and evidences from a Medical Attendant or otherwise required by US in the manner and form as WE may prescribe. In such claims our representative shall be allowed to carry out examination and obtain information in case of alleged injury or disease requiring Hospitalisation if and when WE may reasonably require.

2. No sum payable under this **policy** shall carry any interest/ penalty except for 'provision for penal interest' as described below.

3. Claim Settlement (provision for Penal Interest)

- i. We shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
- ii. In the case of delay in the payment of a claim, We shall be liable to pay interest to You/the policyholder from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate**
- iii. However, where the circumstances of a claim warrant an investigation in Our opinion, We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document- In such cases, We shall settle or reject the claim within 45 days from the date of receipt of last necessary document.
- iv. In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the policyholder at a rate 2% above the bank rate** from the date of receipt of last necessary document to the date of payment of claim.

***"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due)

Note : This Clause shall always correspond with the amendment(s), if any, to the relevant provisions of Protection of Policyholder's interests Regulations, 2017.

GENERAL CONDITIONS

1. Multiple Policies

- i. In case of multiple policies taken by You/ insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.
- ii. You/Insured person having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies even if the sum insured is not exhausted. Then the insurer shall independently settle the claim subject to the terms and conditions of this policy.
- iii. If the amount to be claimed exceeds the sum insured under a single policy, the insured person shall have the right to choose insurer from whom he/she wants to claim the balance amount.
- iv. Where You/Insured person has policies from more than one insurer to cover the same risk on indemnity basis, You/the insured person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen policy.

2. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment to Us.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by You/the insured person or by your/his agent or the hospital/doctor/any other party acting on behalf of the insured person, with intent to deceive Us or to induce Us to issue an insurance policy:

- a) the suggestion, as a fact of that which is not true and which You/the insured person do/does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief of the fact;
- c) any other act fitted to deceive; and
- d) any such act or omission as the law specially declares to be fraudulent

We shall not repudiate the claim and / or forfeit the policy benefits on the ground of Fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of material fact are within the knowledge of the insurer.

3. **Cancellation**

- a) You may cancel this Policy by giving 15 days' written notice, and in such an event, We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Period of cover up to	Refund of annual premium rate(%)
1(one) month	75%(seventy five percent)
3(three) months	50%(fifty percent)
6(six) months	25%(twenty five percent)
Exceeding six months	Nil

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by any Insured person under the Policy.

- b) We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 30 days' written notice. There would be no refund of premium on cancellation on grounds of mis-representation, mis-description, non-disclosure of material facts or fraud.

4. **Migration**

You/the Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by Us by applying for migration of the policy atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration.

If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by Us, the Insured Person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on migration, kindly refer the link

https://www.irdai.gov.in/ADMINCMS/cms/whatsNew_Layout.aspx?page=PageNo3987&flag=1

5. **Renewal of Policy**

The Policy may be renewed by mutual consent every year and in such event, the renewal premium shall be paid to US on or before the date of expiry of the Policy or of the subsequent renewal thereof. However, WE shall not be bound to give notice that such renewal premium is due.

6. **Moratorium Period**

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period, no health insurance claim shall be

contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

7. **Notice & Communication**
 - i. Any notice, direction, instruction or any other communication related to the Policy should be made in writing.
 - ii. Such communication shall be sent to Our address or through any other electronic modes specified in the Policy Schedule.
 - iii. We shall communicate with You/ Insured person at the address or through any other electronic mode mentioned in the schedule.
8. **Misdescription** The Policy shall be void and all premium paid by YOU to US be forfeited in the event of misrepresentation or concealment of any material information.
9. **Notice of Charge**

WE will not be bound to take notice or be affected by any notice of any trust, charge, lien, assignment or other dealings with or relating to this policy. YOUR receipt or receipt of Insured Person shall in all cases be an effective discharge to US.
10. **Territorial Limit**

All medical treatment for the purpose of this insurance will have to be taken in India only and all claims shall be payable in Indian currency.
11. **Changes in Circumstances**

YOU must inform US, as soon as reasonably possible of any change in information YOU have provided to US about Insured person(s) which may affect the Insurance cover provided e.g. duty, business, occupation
12. **Payment of Premium:**

The premium payable shall be paid in advance before commencement of risk. No results for premium shall be valid except on our official form signed by our duly authorized official. In similar way, No waiver of any terms, provision, conditions and endorsements of this policy shall be valid unless made in writing and signed by our authorized official.
13. **Electronic Transaction**

You /insured person(s) agree(s) to adhere to and comply with all such terms and conditions as we may prescribe from time to time and hereby agree(s) and confirm(s) that all transactions effected by or through facilities for conducting remote transactions including the internet, world wide web, electronic data interchange, call centers, teleservice operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication established by or on behalf of us for and in respect of the policy or its terms or our other products and services, shall constitute legally binding and valid transactions when done in adherence to and in compliance with our terms and conditions for such facilities, as may be prescribed from time to time. However, the terms of the condition shall not override provisions of any law(s) or statutory regulations including provisions of IRDA regulations for protection of policy holder's interests.
14. **Reasonable Precaution**

You/insured person(s) shall take all reasonable precaution to prevent injury, illness, and disease in order to minimize claims.
15. **Disclaimer Clause**

If WE shall disclaim our liability in any claim and such claim shall not have been made subject matter of suit in a court of law within 12(twelve) months from date of disclaimer, then the claim shall for all purpose be deemed to have been abandoned and shall not thereafter be recoverable under this Policy.
16. **Arbitration**

- i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).
 - ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.
 - iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.
17. **MATERNITY EXPENSES BENEFIT (Wherever applicable)** This is an optional cover, which can be obtained on payment of 10% of the total basic premium for all the Insured Persons under the Policy. Total basic premium means the total premium computed before applying Group Discount and/or High Claim Ratio Loading. Low Claim Discount and special discount in lieu of agency commission.
- a. Option for Maternity Benefits has to be exercised at the inception of the policy period and no refund is allowable in case of Insured's cancellation of this option during currency of the policy.
 - b. The maximum benefit allowable under this clause will be upto Rs.50,000/- or 20% of the Sum Insured opted by the member of the group whichever is lower.
 - c. **Special conditions applicable to Maternity Expenses Benefit Extension**
 1. These benefits are admissible only if the expenses are incurred in Hospital/Nursing Home as in-patients in India.
 2. A waiting period of 9 months is applicable for payment of any claim relating to normal delivery or caesarean section or abdominal operation for extra uterine Pregnancy. The waiting period may be relaxed only in case of delivery, miscarriage or abortion induced by accident or other medical emergency.
 3. Claim in respect of only first two children and/or operations associated therewith will be considered in respect of any one Insured Person covered under the Policy or any renewal thereof. Those Insured Persons who are already having two or more living children will not be eligible for this benefit.
 4. Pre-natal and post-natal expenses are not covered unless admitted in Hospital/Nursing Home and treatment is taken there.

18. **Redressal Of Grievance**

In case of any grievance, the insured person may contact Us through:

Website: <https://www.iffcotokio.co.in/customer-services/grievance-redressal>

Toll free: 1800-103-5499

E-mail: support@iffcotokio.co.in

Courier : Chief Grievance Officer
IFFCO-Tokio General Insurance Co Ltd
IFFCO Tower, Plot no. 3
Sector -29, Gurgaon - 122001

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance. The list of branches with addresses are available at <https://www.iffcotokio.co.in/contact-us>
 If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at chiefgrievanceofficer@iffcotokio.co.in

For updated details of grievance officer, kindly refer the link
<https://www.iffcotokio.co.in/customer-services/grievance-redressal>

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017. The contact details of the Insurance Ombudsman offices have been provided as below

Grievance may also be lodged at IRDAI Integrated Grievance Management System
 - <https://igms.irda.gov.in/>

Office Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD - Shri Kuldip Singh Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@ecoi.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU - Smt. Neerja Shah Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in	Karnataka.
BHOPAL - Shri Guru Saran Shrivastava Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@ecoi.co.in	Madhya Pradesh Chattisgarh.
BHUBANESHWAR - Shri Suresh Chandra Panda Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@ecoi.co.in	Orissa.
CHANDIGARH - Dr. Dinesh Kumar Verma	Punjab,

Office Details	Jurisdiction of Office (Union Territory, District)
<p>Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@ecoi.co.in</p>	<p>Haryana, Himachal Pradesh, Jammu & Kashmir, Chandigarh.</p>
<p>CHENNAI - Shri M. Vasantha Krishna Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@ecoi.co.in</p>	<p>Tamil Nadu, Pondicherry Town and Karaikal (which are part of Pondicherry).</p>
<p>DELHI - Shri Sudhir Krishna Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@ecoi.co.in</p>	<p>Delhi.</p>
<p>GUWAHATI - Shri Kiriti .B. Saha Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@ecoi.co.in</p>	<p>Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.</p>
<p>HYDERABAD - Shri I. Suresh Babu Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in</p>	<p>Andhra Pradesh, Telangana, Yanam and part of Territory of Pondicherry.</p>
<p>JAIPUR - Smt. Sandhya Baliga Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in</p>	<p>Rajasthan.</p>
<p>ERNAKULAM - Ms. Poonam Bodra</p>	<p>Kerala,</p>

Office Details	Jurisdiction of Office (Union Territory, District)
<p>Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in</p>	<p>Lakshadweep, Mahe-a part of Pondicherry.</p>
<p>KOLKATA - Shri P. K. Rath Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in</p>	<p>West Bengal, Sikkim, Andaman & Nicobar Islands.</p>
<p>LUCKNOW - Shri Justice Anil Kumar Srivastava Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@ecoi.co.in</p>	<p>Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>
<p>MUMBAI - Shri Milind A. Kharat Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@ecoi.co.in</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>
<p>NOIDA - Shri Chandra Shekhar Prasad Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514250 / 2514252 / 2514253 Email: bimalokpal.noida@ecoi.co.in</p>	<p>State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanoj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.</p>
<p>PATNA - Shri N. K. Singh</p>	<p>Bihar,</p>

Office Details	Jurisdiction of Office (Union Territory, District)
Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in	Jharkhand.
PUNE - Shri Vinay Sah Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@ecoi.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Insurance is the subject matter of solicitation

Annexure - A
List I – List of non-payable Items

Sl. No	Item
1	BABY FOOD
2	BABY UTILITIES CHARGES
3	BEAUTY SERVICES
4	BELTS/ BRACES
5	BUDS
6	COLD PACK/HOT PACK
7	CARRY BAGS
8	EMAIL / INTERNET CHARGES
9	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)
10	LEGGINGS
11	LAUNDRY CHARGES
12	MINERAL WATER
13	SANITARY PAD
14	TELEPHONE CHARGES
15	GUEST SERVICES
16	CREPE BANDAGE
17	DIAPER OF ANY TYPE
18	EYELET COLLAR
19	SLINGS
20	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES
21	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22	Television Charges
23	SURCHARGES
24	ATTENDANT CHARGES
25	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)
26	BIRTH CERTIFICATE
27	CERTIFICATE CHARGES
28	COURIER CHARGES
29	CONVEYANCE CHARGES
30	MEDICAL CERTIFICATE
31	MEDICAL RECORDS
32	PHOTOCOPIES CHARGES
33	MORTUARY CHARGES
34	WALKING AIDS CHARGES
35	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)
36	SPACER
37	SPIROMETRE
38	NEBULIZER KIT
39	STEAM INHALER
40	ARMSLING
41	THERMOMETER
42	CERVICAL COLLAR
43	SPLINT
44	DIABETIC FOOT WEAR
45	KNEE BRACES (LONG/ SHORT/ HINGED)
46	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER
47	LUMBO SACRAL BELT
48	NIMBUS BED OR WATER OR AIR BED CHARGES
49	AMBULANCE COLLAR
50	AMBULANCE EQUIPMENT
51	ABDOMINAL BINDER
52	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES
53	SUGAR FREE Tablets
54	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)
55	EGG ELECTRODES
56	GLOVES
57	NEBULISATION KIT
58	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]



List II – Items that are to be subsumed into Room Charges

SI No.	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED)
2	HAND WASH
3	SHOE COVER
4	CAPS
5	CRADLE CHARGES
6	COMB
7	EAU-DE-COLOGNE / ROOM FRESHNERS
8	FOOT COVER
9	GOWN
10	SLIPPERS
11	TISSUE PAPER
12	TOOTH PASTE
13	TOOTH BRUSH
14	BED PAN
15	FACE MASK
16	FLEXI MASK
17	HAND HOLDER
18	SPUTUM CUP
19	DISINFECTANT LOTIONS
20	LUXURY TAX
21	HVAC
22	HOUSE KEEPING CHARGES
23	AIR CONDITIONER CHARGES
24	IM IV INJECTION CHARGES
25	CLEAN SHEET
26	BLANKET/WARMER BLANKET
27	ADMISSION KIT
28	DIABETIC CHART CHARGES
29	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES
30	DISCHARGE PROCEDURE CHARGES
31	DAILY CHART CHARGES
32	ENTRANCE PASS / VISITORS PASS CHARGES
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE
34	FILE OPENING CHARGES
35	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)
36	PATIENT IDENTIFICATION BAND / NAME TAG
37	PULSEOXYMETER CHARGES

List III – Items that are to be subsumed into Procedure Charges

SI No.	Item
1	HAIR REMOVAL CREAM
2	DISPOSABLES RAZORS CHARGES (for site preparations)
3	EYE PAD
4	EYE SHEILD
5	CAMERA COVER
6	DVD, CD CHARGES
7	GAUSE SOFT
8	GAUZE
9	WARD AND THEATRE BOOKING CHARGES
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS
11	MICROSCOPE COVER
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER
13	SURGICAL DRILL
14	EYE KIT
15	EYE DRAPE
16	X-RAY FILM
17	BOYLES APPARATUS CHARGES
18	COTTON
19	COTTON BANDAGE
20	SURGICAL TAPE
21	APRON
22	TORNIQUET
23	ORTHOBUNDLE, GYNAEC BUNDLE

List IV – Items that are to be subsumed into costs of treatment

SI No.	Item
1	ADMISSION/REGISTRATION CHARGES
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE
3	URINE CONTAINER
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES
5	BIPAP MACHINE
6	CPAP/ CAPD EQUIPMENTS
7	INFUSION PUMP- COST
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES
10	HIV KIT
11	ANTISEPTIC MOUTHWASH
12	LOZENGES
13	MOUTH PAINT
14	VACCINATION CHARGES
15	ALCOHOL SWABES
16	SCRUB SOLUTION\STERILLIUM
17	Glucometer & Strips
18	URINE BAG